(805)934-5737 COVER PAGE AREA CODE/PHONE AREA CODE/PHONE 4 For Official Use Only of O Supplemental Preelection Statement - Attach Form 495 CALIFORNIA Special Odd-Year Report FORM Quarterly Statement Page 2. Type of Statement: CITY OF SANTA MARIA TY CLEDK'S HEFINE ZIP CODE ZIP CODE 9 93455 PM 2 RECEIVED STATE STATE S 2018 JAN 31 NAME OF ASSISTANT TREASURER, IF ANY (Also file a Form 410 Termination) 101 Ste. Amendment (Explain below) Semi-annual StatementTermination Statement Dr., Date of election if applicable: (Month, Day, Year) Preelection Statement 2624 Airpark Dr. 2151 S. College NAME OF TREASURER Trent Benedetti MAILING ADDRESS MAILING ADDRESS 11/03/2020 Tom Martinez Santa Maria Freasurer(s) Statement covers period (805) 934-5737 AREA CODE/PHONE AREA CODE/PHONE Primarily Formed Ballot Measure 07/01/2017 12/31/2017 Primarily Formed Candidate/ Officeholder Committee 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. (Also Complete Part 7) (Also Complete Part 6) O Controlled
O Sponsored Sponsored through I.D. NUMBER from \_ Committee 1342332 ZIP CODE MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX ZIP CODE 93455 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) X Officeholder, Candidate Controlled Committee STATE STATE CA State Candidate Election Committee Recall (Government Code Sections 84200-84216.5) SponsoredSmall Contributor CommitteePolitical Party/Central Committee General Purpose Committee STREET ADDRESS (NO PO BOX) 3. Committee Information Recipient Committee Campaign Statement Patino for Mayor 2020 SEE INSTRUCTIONS ON REVERSE 2624 Airpark Drive (Also Complete Part 5) Santa Maria **Cover Page** CITY

## 4. Verification

OPTIONAL: FAX / E-MAIL ADDRESS

tom@martinezassoc.net

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

93455

CA

OPTIONAL: FAX / E-MAIL ADDRESS

Santa Maria

Par Manda Manda	By Mary Canalure of Treasurer or Assistant Treasurer	-Egnature of Controlling Officeholder, Candidate, State Medsure Proponent or Responsible Officer of Sponsor	Signature of Controlling Officehoider, Candidate, State Measure Proponent  By	Signature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on	Executed on 1   8   20   8	Exercited on	Executed on	Date

FPPC Advice: advice@fppc.ca.gov (866/275-3772) FPPC Form 460 (Jan/2016) www.fppc.ca.gov

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Officeholder or Candidate Controlled Committee	ittee 6.	Primarily Formed Ballot Measure Committee	Measure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Alice Patino OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) Mayo <i>r</i>	T NUMBER IF APPLICABLE)	BALLOT NO, OR LETTER	JURISDICTION	us 🗆	SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO.AND STREET) C	CITY STATE ZIP Santa Maria CA 93455	Identify the controlling officeholder, candidate, or state measure proponent, if any.  NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	sholder, candidate, or state	measure prop	onent, if any.
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Itement: List any committees or are primarily formed to receive ndidacy.	OFFICE SOUGHT OR HELD	310	DISTRICT NO. IF ANY	>
COMMITTEE NAME	I.D. NUMBER				×
NAME OF TREASURER	CONTROLLED COMMITTEE? 7.	. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	date/Officeholder Comi or which this committee is pr	mittee List n imarily formed.	ames of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	]	NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	T OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	VDIDATE OFFICE SOUGHT OR HELD	T OR HELD	SUPPORT OPPOSE
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NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	T OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	(xo				k L
CITY STATE ZIP C	ZIP CODE AREA CODE/PHONE	Attach	Attach continuation sheets if necessary	essary	

Campaign Disclosure Statement				SUMMARY PAGE
Summary Page	Amounts may be rounded to whole dollars.		Statement covers period	CALIFORNIA A CO
		from	07/01/2017	FORM
SEE INSTRUCTIONS ON REVERSE		through	12/31/2017	Page 3 of 4
NAME OF FILER				I,D, NUMBER
Patino for Mayor 2020				1342332
Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sur Running in Both t	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions	00.00	00.00	General Elections	
	00.00	00.00	1/4	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS	\$	0.00	20. Contributions Received \$	œ
4. Nonmonetary Contributions Schedule C, Line 3	0.00	00.00	res	
5. TOTAL CONTRIBUTIONS RECEIVED	0.00	\$		\$
Expenditures Made			Expenditure Limit	Expenditure Limit Summary for State
6. Payments Made	\$ 105.10	\$ 1,366.79	Candidates	
7. Loans Made Schedule H, Line 3	0.00	0.00	22 Gumulat	22 Cumulative Expenditures Made*
8, SUBTOTAL CASH PAYMENTS	\$ 105.10	\$ 1,366.79	(if Subject	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0.00	0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment	0.00	0.00	(mm/dd/yy)	
11, TOTAL EXPENDITURES MADEAdd Lines 8+9+10	\$ 105.10	\$ 1,366.79		€9
Current Cash Statement				49
	L2 V00 L			
12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Sabove Solumn A, Line 3 above	# O	To calculate Column B, add amounts in Column A to the		
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	corresponding amounts from Column B of your last	*Amounts in this section reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	105.10	report. Some amounts in Column A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 6,979.57	figures that should be		
If this is a termination statement, Line 16 must be zero.		period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).		
18. Cash Equivalentsson reverse	00.00			
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	00.00			
www.netfile.com	_		FPPC Advice:	FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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Amounts may be rounded

4 ō CALIFORNIA Statement covers period

SCHEDULE

Payments Made to whole dollars.	from 07/01/2017	FORM
SEE INSTRUCTIONS ON REVERSE	through 12/31/2017	Page 4
VAME OF FILER		I D. NUMBER
Patino for Mayor 2020		1342332

wing codes accurately describes the payment, you may enter the code, Otherwise, describe the payment,	MBR member communications RAD radio airtime and pr
ES: If one of the following codes accurately des	campaign paraphernalia/misc.
SOL	OMD

petition circulating

meetings and appearances member communications office expenses campaign paraphernalia/misc. campaign consultants

contribution (explain nonmonetary)\* civic donations candidate filing/ballot fees

CNS CVC

independent expenditure supporting/opposing others (explain)\* fundraising events legal defense

campaign literature and mailings

transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals voter registration RAD SAL SAL TECHNOLOGY WEB postage, delivery and messenger services professional services (legal, accounting) polling and survey research phone banks print ads

information technology costs (internet, e-mail)

t.v. or cable airlime and production costs

campaign workers' salaries

returned contributions

radio airtime and production costs

NAME AND ADDRESS OF PAYEE ((F COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	MENT	AMOUNT PAID
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO			55.10

## \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

55.10

SUBTOTAL \$

## Schedule E Summary

55.10	50.00
ile E subtotals.)\$	ક્ક
1. Itemized payments made this period. (Include all Schedule E subtotals.	2. Unitemized payments made this period of under \$100

0.00 6 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)........

105.10 TOTAL \$ 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ......